

## **Appendix D**

California State Employees Work and Family  
Survey Instrument

**DEPARTMENT OF PERSONNEL ADMINISTRATION**

POLICY AND OPERATIONS DIVISION

1515 "S" STREET, NORTH BUILDING, SUITE 400  
SACRAMENTO, CA 95814-7243

June 5, 2000

Dear State Employee,

You have been selected to participate in a very important needs assessment survey. This survey is designed to obtain your feedback for the Labor/Management Work and Family Advisory Committee (WFAC) established in the 1999 collective bargaining agreements. The UCLA Center for Labor Research and Education is conducting this survey for us.

Your survey response will assist the committee to develop recommendations for statewide family-friendly programs for state employees.

**The survey should take approximately 25 minutes to complete. Be assured that all individual information gathered through this study is confidential and there are no foreseeable risks involved with your participation. No individual's name will be associated with any specific response. Only summary or group information will be reported. Participation in this survey is completely voluntary and you are free to withdraw at any time.**

Should you have any questions regarding this survey, please contact Rebecca Mead at the UCLA Center for Labor Research and Education (310) 794-5983. For additional information on WFAC, check our web page at [www.dpa.ca.gov/workingfamilies](http://www.dpa.ca.gov/workingfamilies) or contact Sydney Perry at DPA (916) 324-2763. The results of this survey will be posted on the web page.

**Please take the time now to complete this survey. Return your completed survey to UCLA in the enclosed envelope no later than June 30, 2000.**

Make sure your voice is heard!

**Thank you for your participation.**

**Work and Family Advisory Committee**



**Please complete and mail enclosed survey now!**

## ***CALIFORNIA STATE EMPLOYEES WORK AND FAMILY SURVEY***

This survey is being conducted by the California State Labor/Management Committee on Work and Family, and administered by the UCLA Center for Labor Research and Education. The survey should take approximately 25 minutes to complete. Please be assured that all information gathered through the study is confidential. No individual's name will be directly associated with any specific response. Only aggregated or group information will be reported. Participation is completely voluntary, and you are free to withdraw your participation at any time. A few of the questions ask you to speculate about the future, but generally, your answers should create a "picture" of your life today.

Completed surveys can be mailed to UCLA at:

Work and Family Survey  
Survey Research Center  
Box 951484  
Los Angeles, CA 90095-1484  
Phone: (310) 794-5983

**PLEASE RETURN SURVEY BY JUNE 30.** Thank you for your participation.

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### ***DEMOGRAPHICS***

1. Are you: MALE.....1 FEMALE.....2 v8
2. Your age: \_\_\_\_\_ v9(2)
3. With which one race or ethnicity do you primarily identify? (Voluntary): \_\_\_\_\_ v10(2)
4. In what County do you live? \_\_\_\_\_ v11(3) In what County do you work? \_\_\_\_\_ v12(3)
5. Which of the following best describes your worksite?  
Urban Area.....1 Suburban Area....2 Rural Area....3 Other ...4 (SPECIFY \_\_\_\_\_) v13
6. Job classification (Please write out completely): \_\_\_\_\_ v14(4)
7. Are you a member of a union?  
YES.....1 NO.....2 v15
8. Which union? \_\_\_\_\_ v16 (3)
9. Do you work:  
FULL TIME.....1 PART TIME.....2 PERMANENT INTERMITTENT.....3 OTHER....4 v17
10. How many hours a week do you devote at home to family duties? # HRS/WEEK: \_\_\_\_\_ v18(2)
11. Do you work a daytime/weekday shift? YES.....1 NO.....2 v19
12. If not, what type of schedule do you work? \_\_\_\_\_ v20 (2)

13. Are your shifts firmly set a month in advance (a “posted” position)?  
YES.....1 NO.....2 V21
14. How many total miles do you usually commute per day excluding field travel? # MILES \_\_\_\_ V22(3)
15. How long does it take? HOURS:\_\_\_\_\_ MINUTES:\_\_\_\_\_ V23(3)
16. What is your primary form of transportation? (Circle one)  
AUTO.....1  
SUBWAY/TRAIN.....2  
BUS.....3 V24  
CARPOOL/VANPOOL.....4  
OTHER (SPECIFY \_\_\_\_\_).....5
17. Are you responsible for picking up a child(ren) from child care and/or from school?  
YES.....1 NO.....2 V25
18. Is a carpool or mass transportation option not possible for you because of dependent care considerations?  
YES.....1 NO.....2 V26
19. Your current marital status:  
Married.....1  
Domestic partner.....2  
Never married.....3 V27  
Separated/divorced/widowed.....4
20. How many hours does your spouse/partner work per week in the workplace? \_\_\_\_ V28(2)
21. How many adults live in your household? # \_\_\_\_\_ V29(2)
22. How many of these adults are wage earners? # \_\_\_\_\_ V30
23. What was your total household family income in 1999, before taxes:  
Less than \$20,000.....1  
\$20,001-\$39,999.....2  
\$40,000-\$59,999.....3  
\$60,000-\$79,999.....4 V31  
\$80,000-\$99,999.....5  
More than \$100,000.....6

## DEPENDENT CARE

24. How many children under 18 do you have? # UNDER 18: \_\_\_\_\_ V32(2)
25. Do you have caregiving responsibilities for any other dependents (e.g., grandchildren or other relatives)?  
 YES.....1 NO.....2 SOMETIMES.....3
26. Do you anticipate having any children (by birth, adoption, foster or other) within the next five years?  
 YES.....1 NO.....2 MAYBE.....3 V33
27. Do you and/or your spouse/partner provide some degree of care for any elderly, ill, or disabled adults (including intermittent or emergency care)?  
 YES.....1 NO.....2 V34
28. How long have you been caring for this individual? YEARS:\_\_\_\_\_OR MONTHS:\_\_\_\_\_ V35(2)
29. On average, how many days per year do you provide care? # DAYS:\_\_\_\_\_ V36(3)
30. If you are not currently providing care, do you anticipate having these responsibilities in the next five years?  
 YES.....1 NO.....2 MAYBE.....3 V37

**IF YOU ANSWERED NO TO QUESTIONS 24, 25, AND 26, SKIP TO Q44.**

**IF YOU ANSWERED YES, TO Q24, 25, OR Q25, CONTINUE:**

31. Describe the individual(s) for whom you provide care:

	DOES INDIVIDUAL RESIDE WITH YOU?			
	AGE	FULL TIME	PART TIME	DOES NOT LIVE WITH ME
Child #1 (oldest)	V38(2)	V39 1	2	3
Child #2	V40(2)	V41 1	2	3
Child #3	V42(2)	V43 1	2	3
Child #4	V44(2)	V45 1	2	3
Adult #1	V46(2)	V47 1	2	3
Adult #2	V48(2)	V49 1	2	3

\*32. Please describe each dependent's benefit coverage and source:

	SOURCE OF BENEFITS		
	YOUR STATE EMPLOYMENT	SPOUSE'S EMPLOYMENT	OTHER (e.g. GOVT.)
Child #1 (oldest)	1	2	3 V50
Child #2	1	2	3 V51
Child #3	1	2	3 V52
Child #4	1	2	3 V53
Adult #1	1	2	3 V54
Adult #2	1	2	3 V55

33. Are any of these responsibilities currently an issue of concern for you? (MARK ALL THAT APPLY )

	MAJOR PROBLEM	MINOR PROBLEM	NO PROBLEM
Care for child(ren) ages under 2 during working hours	1	2	3 V56
Care for child(ren) ages 2-5 during working hours	1	2	3 V57
Care for child(ren) ages 6-12 during working hours	1	2	3 V58
Care for child(ren) ages 13-18 during working hours	1	2	3 V59
Care for child(ren) during school breaks and holidays	1	2	3 V60
Care for child(ren) with special needs	1	2	3 V61
Care for grandchildren	1	2	3 V62
Care for ill or dis abled partner/spouse	1	2	3 V63
Care for adult(s) with special needs	1	2	3 V64
Care for elder(s) in my home	1	2	3 V65
Care for elder(s) outside my home	1	2	3 V66
Care for elder(s) with special needs	1	2	3 V67
Care for elder(s) with emergency needs	1	2	3 V68
Other (specify):_____	1	2	3 V69

34. What resources for care or assistance are you currently using? If more than one, please indicate your primary caregiver as “1” and your secondary source as “2.”

	Child #1	Child #2	Child #3	Child #4	Adult #1	Adult #2
None	V70(2)	V71(2)	V72(2)	V73(2)	V74(2)	V75(2)
A non-working spouse/partner provides care						
A spouse/partner working a different shift or part-time provides care						
You telecommute and provide care yourself						
Someone (not a relative) provides informal care in YOUR home						
Someone (not a relative) provides informal care in THEIR home						
A relative provides care in YOUR home						
A relative provides care in THEIR home						
An older child provides care						
Older child/children care for themselves						
Before/after school care program						
Child day care center (licensed)						
Adult day care center						
Assisted living for elders/nursing home						
Other (specify):_____						

35. Estimate the amount of time your dependents spend in care per week, and the cost of that care:

	HOURS PER DAY	DAYS PER WEEK	COST PER WEEK	
			In School	Out of School
Child #1	V76(2)	V83	V90(4)	V97(4)
Child #2	V77(2)	V84	V91(4)	V98(4)
Child #3	V78(2)	V85	V92(4)	V99(4)
Child #4	V79(2)	V86	V93(4)	V100(4)
Child #5	V80(2)	V87	V94(4)	V101(4)
Adult #1	V81(2)	V88	V95(4)	V102(4)
Adult #2	V82(2)	V89	V96(4)	V103(4)

36. What issues most concern you about family care?

	NO PROBLEM	MINOR PROBLEM	MAJOR PROBLEM
Cost of care	1	2	3 V104
Quality of care	1	2	3 V105
Finding needed services	1	2	3 V106
Transportation to care site	1	2	3 V107
Reliability/dependability of care giver	1	2	3 V108
Coordinating work and care schedules	1	2	3 V109
Work-related travel	1	2	3 V110
Care for special needs child	1	2	3 V111
Care for special needs adult	1	2	3 V112
Emergency care/sick care coverage	1	2	3 V113
Evening care/babysitting	1	2	3 V114
Overnight or extended care	1	2	3 V115
Weekend care	1	2	3 V116
School/holiday care	1	2	3 V117
Summer care	1	2	3 V118
Sudden loss of care provider	1	2	3 V119
Finding care for preschool children	1	2	3 V120
Finding after school activities for older children	1	2	3 V121
Physical and/or emotional strain	1	2	3 V122
Other (Specify):_____	1	2	3 V123

37. How many times have you changed your family care arrangements over the past **two (2) years** ?

NONE..... 0  
 ONCE..... 1  
 TWICE.....2  
 THREE OR MORE TIMES.....3

V124



38. If so, what were the reason(s) you had to change your family care arrangements? (**CIRCLE ALL THAT APPLY**)

MOVED TO A NEW RESIDENCE..... 1 V125  
 CHANGED JOBS..... 1 V126  
 CHANGED WORK SHIFT OR HOURS..... 1 V127  
 TRANSPORTATION PROBLEMS..... 1 V128  
 PROBLEMS WITH THE CARE..... 1 V129  
 INCREASED COST OF CARE..... 1 V130  
 CAREGIVER MOVED OR QUIT..... 1 V131  
 OTHER(SPECIFY:\_\_\_\_\_)......1 V132

39. Have you encountered with the following due to your family responsibilities?

	MAJOR PROBLEM	MINOR PROBLEM	NO PROBLEM
Traveling on the job	1	2	3 V133
Participating in job-related training	1	2	3 V134
Accepting promotions	1	2	3 V135
Accepting special assignments	1	2	3 V136
Returning to work after child's birth	1	2	3 V137
Scheduling vacation time	1	2	3 V138
Working preferred hours	1	2	3 V139
Excessive workload	1	2	3 V140
Other (SPECIFY_____)	1	2	3 V141

40. In the last **three (3) months**, have your family care responsibilities resulted in: (**CIRCLE ALL THAT APPLY**)

Telephone calls at work..... 1 V142  
 Diminished ability to concentrate at work..... 2 V143  
 Missed work..... 3 V144  
 Late to work..... 4 V145  
 Left work early..... 5 V146  
 Considered quitting..... 6 V147  
 Lack of participation in family activities..... 7 V148  
 Other (SPECIFY:\_\_\_\_\_ 8 V149

41. On a scale of 1 to 5 (1 being least important to 5 being most important), indicate how important each of these family care issues are to you?

		Least	← Important →	Most		
		1	2	3	4	5
Time off for family member illness	V150					
Time off for dependents' routine medical appointments	V151					
Time off for children's school-related activities	V152					
Flexibility in work hours	V153					
Assistance in locating and choosing affordable and quality child or elder care	V154					
Assistance with dependent care expenses	V155					
Child care program for mildly ill children	V156					
Dependent care program for special needs dependents	V157					
Holiday/summer vacation programs for school age children	V158					
Parent education including seminars, workshops, and newsletters	V159					
Other (SPECIFY _____)	V160					

42. On a scale of 1 to 5 (1 being least supportive to 5 being most supportive), indicate how much support you receive from management in your use of these programs?

		Not at all	← Supportive →	Very		
		1	2	3	4	5
Time off for family member illness	V161					
Time off for dependents' routine medical appointments	V162					
Time off for children's school-related activities	V163					
Family Medical Leave Act (FMLA)	V164					
Flexibility in setting work hours	V165					
Telecommuting	V166					
Education (e.g. seminars and workshops)	V167					
Other (SPECIFY): _____	V168					

43. How are your family care absences usually documented in your work record?

PAID LEAVE.....	1	
UNPAID LEAVE.....	2	
SICK TIME.....	3	
VACATION TIME.....	4	V169
INFORMAL ARRANGEMENT WITH SUPERVISOR.....	5	V170
PENALTY.....	6	V171
OTHER (SPECIFY_____)	7	

44. **IF YOU ARE IN A SUPERVISORY POSITION CONTINUE.**  
**IF YOU ARE IN A NON-SUPERVISORY POSITION SKIP TO Q46.**

Are you evaluated on your employees' usage of leave benefits for family needs?

YES.....	1	NO.....	2	DON'T KNOW.....	8	V172
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45. Have these decisions about benefit usage affected your promotion or employment?

YES.....	1	NO.....	2	DON'T KNOW.....	8	V173
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**CONTINUE TO NEXT PAGE**

## UTILIZATION OF CURRENT PROGRAMS

46. Indicate how many times **in the past year** you have used the following available programs:

(NOTE: NOT ALL EMPLOYEES RECEIVE THE SAME BENEFITS)

LEAVE	0	1-3	4-5	6 OR MORE	DIDN'T KNOW ABOUT IT
Adoption Leave	0	1	2	3	8 V174
Annual Leave Program	0	1	2	3	8 V175
Bereavement Leave	0	1	2	3	8 V176
Catastrophic Leave Program	0	1	2	3	8 V177
Dependent Care Leave	0	1	2	3	8 V178
Enhanced Industrial Disability Leave	0	1	2	3	8 V179
Family Medical Leave Act	0	1	2	3	8 V180
Holiday-in-Lieu	0	1	2	3	8 V181
Industrial Disability Leave	0	1	2	3	8 V182
Informal Leave	0	1	2	3	8 V183
Jury Duty	0	1	2	3	8 V184
Leave of Absence	0	1	2	3	8 V185
Military Leave	0	1	2	3	8 V186
9-12 Leave	0	1	2	3	8 V187
WORK SCHEDULE	0	RARELY	SOMETIMES	OFTEN	DIDN'T KNOW ABOUT IT
Alternate Work Week Schedule	0	1	2	3	8 V188
Exchanging Days Off or Hours of Work	0	1	2	3	8 V189
Flextime	0	1	2	3	8 V190
Job Sharing	0	1	2	3	8 V191
Set Up/Shut Down Time	0	1	2	3	8 V192
Telecommuting	0	1	2	3	8 V193
EDUCATION/TRAINING	0	RARELY	SOMETIMES	OFTEN	DIDN'T KNOW ABOUT IT
Continuing Education Leave	0	1	2	3	8 V194
Educational Benefits	0	1	2	3	8 V195
Family School Partnership Act	0	1	2	3	8 V196
Mentoring Program	0	1	2	3	8 V197
Tuition Reimbursement	0	1	2	3	8 V198

<b>EMPLOYEE ASSISTANCE</b>	<b>0</b>	<b>RARELY</b>	<b>SOMETIMES</b>	<b>OFTEN</b>	<b>DIDN'T KNOW ABOUT IT</b>
Assaultive Behavior	0	1	2	3	8 V199
Breastfeeding Workplace Program (Dept. of Health Services (DHS))	0	1	2	3	8 V200
Child Care Program On-Site (PERS, DMV, Franchise Tax Board)	0	1	2	3	8 V201
Employee Assistance Program	0	1	2	3	8 V202
Injury and Illness Prevention	0	1	2	3	8 V203
Wellness Program	0	1	2	3	8 V204
Workplace Violence Prevention	0	1	2	3	8 V205
<b>MISCELLANEOUS</b>	<b>0</b>	<b>RARELY</b>	<b>SOMETIMES</b>	<b>OFTEN</b>	<b>DIDN'T KNOW ABOUT IT</b>
Alternative Pre -Retirement Death Benefit	0	1	2	3	8 V206
Commute Program	0	1	2	3	8 V207
FlexElect Program	0	1	2	3	8 V208
Group Legal Services Plan	0	1	2	3	8 V209
Life Insurance	0	1	2	3	8 V210
Accidental Death/ Dismemberment Benefits	0	1	2	3	8 V211
CalPERS Long Term Care Benefit	0	1	2	3	8 V212

47. Which factors prevent you from taking advantage of these programs?

	<b>MAJOR PROBLEM</b>	<b>MINOR PROBLEM</b>	<b>NO PROBLEM</b>
Awareness of current programs	1	2	3 V213
Timely assistance with information/ forms	1	2	3 V214
Supervisor resistance	1	2	3 V215
Coworker resistance	1	2	3 V216
Inconsistent application of policies	1	2	3 V217
Concern that usage will harm employment or promotion	1	2	3 V218
Other (SPECIFY_____)	1	2	3 V219

## POSSIBLE INNOVATIONS

48. On a scale of 1-5 (1 being least supportive and 5 being most supportive), how strongly would you support these programs? **Also indicate your top three 3 priority issues by marking them as first priority, second, and third priority (#1, #2, #3).**

	Least	← Important →	Most			
	1	2	3	4	5	PRIORITY LEVEL
Programs assisting victims of domestic violence	1	2	3	4	5v220	# V232
Use of leave for family members' illness, and doctors appointments, etc.	1	2	3	4	5v221	# V233
Employer subsidies or vouchers to help pay for dependent care	1	2	3	4	5v222	# V234
Shared funding of employee-chosen child care centers by employee-employer contributions	1	2	3	4	5v223	# V235
After hours school care	1	2	3	4	5v224	# V236
Expanded Family and Medical Leave Act (FMLA) coverage	1	2	3	4	5v225	# V237
Workplace violence training	1	2	3	4	5v226	# V238
Extension of Family School Partnership Act to fixed-shift workers	1	2	3	4	5v227	# V239
Assistance for dependents' college tuition	1	2	3	4	5v228	# V240
Better access to flexible work schedules	1	2	3	4	5v229	# V241
Information on local family care resources	1	2	3	4	5v230	# V242
Other (SPECIFY):_____	1	2	3	4	5v231	# V243

49. Are there any additional comments or suggestions that you would like to make that we have not covered here?

**SURVEY DEADLINE: JUNE 30, 2000**

**THANK YOU FOR PARTICIPATING IN THIS IMPORTANT STUDY.**

**PLEASE PLACE YOUR COMPLETED QUESTIONNAIRE IN THE SELF-ADDRESSED POSTAGE-PAID ENVELOPE PROVIDED AND PUT IT IN THE U.S. MAIL**

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